



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

|                                    |
|------------------------------------|
| FILE NUMBER                        |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

|   |  |   |
|---|--|---|
| COMMITTEE INFORMATION   |  |   |
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name<br>Dixie Packard for Hamilton County Treasurer   |  | 3. Committee Telephone Number<br>(317) 902-1594/844-5456  |
| 2. Acronym or Abbreviated Name (if any)   |  | 6. Party Affiliation (if applicable)<br>Republican  |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address<br>4787 Oxford Place   |  |   |
| 5. City, State, ZIP Code<br>Carmel, IN 46033  |  | 8. Party Affiliation or If Independent Candidate<br>Republican                                    |
| CANDIDATE INFORMATION (For Candidate's Committees Only)   |  |   |
| 7. Full Name of Candidate (include any nickname)<br>Dixiana (Dixie) Packard   |  | 10. County of Residence<br>Hamilton   |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br>Hamilton County Treasurer  |  |   |
| TYPE OF REPORT  |  |   |
| 11. Check one:<br><input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other<br><input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) |  | CONVENTION CANDIDATES ONLY  |
|   |  | Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
| 12. Reporting Period:<br>From: 1/1/2012 Through: 4/13/2012  |  | COLUMN A<br>This Period   |
| 13. Cash on hand and investments at the beginning of this reporting period.   |  | 3000.00   |
| 14. Cash on hand and investments January 1, current year.   |  | 3000.00   |
| CONTRIBUTIONS AND RECEIPTS  |  |   |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)   |  |   |
| 15a. Itemized (use Schedule A)  |  | 9511.90   |
| 15b. Unitemized   |  |   |
| 15c. Add lines 15a and 15b in both columns SUBTOTAL   |  | 9511.90   |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL   |  | 12,511.90   |
| EXPENDITURES  |  |   |
| (Note: These amounts include in-kind expenditures and loan repayments.)   |  |   |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C)  |  | 8868.74   |
| 17b. Unitemized   |  |   |
| 17c. Add lines 17a and 17b in both columns SUBTOTAL   |  | 8868.74   |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL   |  | 3643.16   |
| 19. Debts OWED BY the committee (use Schedule D)  |  |   |
| 20. Debts OWED TO the committee (use Schedule E)  |  |   |

|  |                |
|--|----------------|
| CERTIFICATION  |                |
| I KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.   |                |
| Treasurer  | Date 4/19/2012 |
|  | Date 4/19/2012 |
| Not used for any commercial purpose. (IC 3-9-4-5) A person who knowingly fails to file a complete or accurate report as required by the Indiana Election Commission is subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18) |                |

FOR OFFICE USE ONLY

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REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| FILE NUMBER |
|-------------|
|             |
| Page 1 of 7 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)                       | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| 1. CHARLOTTE + KARL SWAIN<br>11001 TIMBER LANE<br>CARMEL, IN. 46032-3545<br><br>Contributor's Occupation (if required) _____    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | \$100.00                          |  | 12/17/12                        |
| 2. LCOL W.A. ENSIGN<br>DOROTHY ENSIGN<br>1627 OBAMA CT.<br>CARMEL, IN 46033<br><br>Contributor's Occupation (if required) _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | \$ 50.00                          |  | 1/25/12                         |
| 3. CAROLYN + RONALD SCHLEIF<br>10517 HYDE PARK<br>CARMEL, IN 46032<br><br>Contributor's Occupation (if required) _____          | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | \$50.00                           |  | 2/2/12                          |
| 4. JUNE HEDGES<br>130 1ST AVENUE<br>CARMEL, IN 46032<br><br>Contributor's Occupation (if required) _____                        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | \$100.00                          |  | 2/10/12                         |
| 5. PATRICIA MORRIS<br>11940 PEBBLEPOINTE PASS<br>CARMEL, IN 46033<br><br>Contributor's Occupation (if required) _____           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | \$2000                            |  | 2/27/12                         |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$500.00                          |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                        |   | \$                                |  |                                 |



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FILE NUMBER

Page 2 of 7

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)          | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. LUCI SNYDER<br>6 HENSEL COURT<br>CARMEL, IN<br>46033<br>Contributor's Occupation (if required)                  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$50.00                           |  | 2/21/12                         |
| 2. MARY ECKARD<br>136 LANTERN LN<br>CARMEL, IN<br>46032<br>Contributor's Occupation (if required)                  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$25.00                           |  | 2/24/12                         |
| 3. DIANA CORDRAY<br>11843 STONEY BAY<br>CIRCLE<br>CARMEL, IN 46033<br>Contributor's Occupation (if required)       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$125.00                          |  | 2/29/12                         |
| 4. GREG & JOYCE MORRIS<br>11853 STONEY BAY<br>CIRCLE<br>CARMEL, IN 46033<br>Contributor's Occupation (if required) | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$250.00                          |  | 3/17/12                         |
| 5. RICHARD SHARP<br>1481 STORMY RIDGE<br>COURT<br>CARMEL, IN 46032<br>Contributor's Occupation (if required)       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$100.00                          |  | 3/22/12                         |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$550.00                          |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)           |   | \$                                |  |                                 |



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FILE NUMBER

Page 3 of 7

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| 1. THOMAS KAPOSTASY<br>1300 HELFORD LANE<br>CARMEL, IN 46032<br>Contributor's Occupation (if required)    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$100.00                          |  | 3/12/12                         |
| 2. KARL SWAIN<br>11001 TIMBER LN<br>CARMEL, IN 46032<br>Contributor's Occupation (if required)            | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$100.00                          |  | 3/13/12                         |
| 3. PAUL + NICKI FELIX<br>1349 HELFORD LN<br>CARMEL, IN 46032<br>Contributor's Occupation (if required)    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$50.00                           |  | 3/31/12                         |
| 4. DIXIE PACKARD<br>4787 OXFORD PL<br>CARMEL, IN 46032<br>Contributor's Occupation (if required)          | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$5061.90                         |  | 4/7/12                          |
| 5. DIXIE PACKARD<br>4787 OXFORD PL<br>CARMEL, IN 46033<br>Contributor's Occupation (if required)          | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$1,000.00                        |  | 2/10/12                         |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$6,311.90                        |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)  |   | \$                                |  |                                 |



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FILE NUMBER

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)      | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. BRENT & NANCY SUTTON<br>12628 APSLEY LANE<br>CARMEL, IN 46032<br><br>Contributor's Occupation (if required) | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$100.00                          |  | 4/10/12                         |
| 2. DIXIE PACKARD<br>4787 OXFORD PL<br>CARMEL, IN 46033<br><br>Contributor's Occupation (if required)           | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$2000.00                         |  | 3/13/12                         |
| 3. DWIGHT & SUE LILE<br>10508 CONNAUGHT DR<br>CARMEL, IN 46032<br><br>Contributor's Occupation (if required)   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$50.00                           |  | 4/11/12                         |
| 4.<br><br>Contributor's Occupation (if required)   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 5.<br><br>Contributor's Occupation (if required)   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$2150.00                         |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)       |   | \$9011.90                         |  |                                 |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER

Page 5 of 7

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION        | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|-------------------------------|---|-----------------------------------|--|------------------------|
|  | OFFICE SOUGHT (if applicable) |   |                                   |  |                        |
| Code <u>A</u><br>MARIBETH<br>DEGYANSKI<br>11237 STRATFORD WAY<br>FISHERS, IN 46038                       |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$25.00                           |  | 12/18/11               |
| Code <u>A</u><br>COUNTY TREASURER<br>COURTHOUSE<br>NOBLESVILLE, IN<br>46060                              |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$30.00                           |  | 1/24/12                |
| Code <u>A</u><br>BARACK AWARDS<br>4222 W. 86th STREET<br>INDOPLS, IN 46268                               |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$62.10                           |  | 1/31/12                |
| Code <u>A</u><br>CCRC<br>4787 OXFORD PL<br>CARMEL, IN 46033  |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | \$170.00                          |  | 2/5/12                 |
| Code <u>A</u><br>DIXIE PARKARD<br>4787 OXFORD PL<br>CARMEL, IN 46033                                     |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | \$351.58                          |  | 2/5/12                 |
| Code <u>A</u><br>REGAL PRINTING<br>485 GRADLE DR.<br>CARMEL, IN 46032                                    |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$213.63                          |  | 2/6/12                 |
| Code <u>A</u><br>HAMILTON Co Young<br>Repub.<br>11323 LONGSOTTON LN<br>FISHERS, IN 46037                 |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$250.00                          |  | 2/28/12                |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |                               |   | \$1,102.31                        |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                               |   | \$                                |  |                        |



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FILE NUMBER

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| EXPENSES PAID TO OR FOR THE COMMITTEE  | RECIPIENT'S ORGANIZATION      | EXPENSES PAID TO OR FOR THE COMMITTEE   | DATE OF EXPENDITURE | DATE OF EXPENDITURE |
|--|-------------------------------|---|---------------------|---------------------|
| OFFICE SOUGHT (if applicable)  | OFFICE SOUGHT (if applicable) | DATE OF EXPENDITURE   | DATE OF EXPENDITURE | DATE OF EXPENDITURE |
| Code <u>A</u><br>Regal Printing<br>485 GRADLE DR.<br>CARMEL, IN 46032                                    |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$164.76            | 3/6/12              |
| Code <u>A</u><br>Image Builders<br>Rowland Printing<br>P O Box 69<br>Noblesville, IN<br>46061            |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$704.19            | 3/6/12              |
| Code <u>A</u><br>Dixie Packard<br>4787 OXFORD PL<br>CARMEL, IN<br>46033                                  |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$61.90             | 3/31/12             |
| Code <u>A</u><br>AJ Witham Sign<br>Production  |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$1,246.55          | 3/12/12             |
| Code <u>A</u><br>AJ Witham Sign<br>Productions   |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$403.00            | 4/9/12              |
| Code <u>A</u><br>NHPONI<br>N. HARBOUR Ad   |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$100.00            | 3/20/12             |
| Code <u>A</u><br>Regal Printing<br>485 GRADLE DR<br>CARMEL, IN   |                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$4,685.53          | 4/5/12              |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |                               |   | \$7365.93           |                     |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                               |   | \$                  |                     |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER

Page 7 of 7

| EXPENDITURE CATEGORY<br>(See instructions on reverse side)   | RECIPIENT'S NAME<br>(If not a candidate, include full name) | TYPE OF EXPENDITURE<br>(See instructions on reverse side)   | AMOUNT PAID<br>(In Dollars) | CUMULATIVE<br>AMOUNT PAID<br>(In Dollars) | DATE OF<br>EXPENDITURE |
|--|---|---|-----------------------------|---|------------------------|
| Code <u>A</u><br><u>Noblesville Times</u>  |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | <u>400.50</u>               |   | <u>4/10/12</u>         |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                             |   |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                             |   |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                             |   |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                             |   |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                             |   |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                             |   |                        |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |   |   | <u>\$400.50</u>             |   |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |   |   | <u>\$8868.79</u>            |   |                        |